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32940 7590 06/13/2006

DORSEY & WHITNEY LLP  
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### CERTIFICATE OF ELECTRONIC TRANSMISSION

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Dated: September 12, 2006

Signed: PF

  
Brent Y. Ichihara

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/054,616	01/22/2002	LARRY S. BARAK	186552/US2	7096

TITLE OF INVENTION: NUCLEIC ACID ENCODING G-PROTEIN COUPLED RECEPTOR WITH MODIFIED DRY MOTIF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DATE	PUBLICATION FEE DUE	PRE. PAID ISSUE FEE	TOTAL FEE(S) DUE	DUE DATE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/13/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS			
PAK, MICHAEL D.		1646	435-069100			
1. Change of correspondence address of indication of "Fee Address" (37 C.F.R. 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached, use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2. The name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents, if no name is listed, no name will be printed.						
<b>1 DORSEY &amp; WHITNEY</b> <b>2 DAVID J. BREZNER</b> <b>3 MICHAEL F. KOLMAN</b>						

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment

(A) NAME OF ASSIGNEE  
DUKE UNIVERSITY

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)  
DURHAM, NORTH CAROLINA

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies 10

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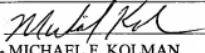
The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2319 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date SEPTEMBER 12, 2006

Typed or printed name MICHAEL F. KOLMAN

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